

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**62-015328**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **1933**

**FILED APR 20 1962**

1. PLACE OF DEATH

a. COUNTY

**JACKSON**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **KANSAS CITY**

Length of stay in lb  
**15 days**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **VA Hospital**

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **St. Clair**

c. CITY OR TOWN **ROSCOE**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First **IRA** Middle **EVERETT** Last **LEWIS**

4. DATE OF DEATH  
Month **APRIL** Day **5** Year **1962**

5. SEX  
**Male**

6. COLOR OR RACE  
**White**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
**1-11-87**

9. AGE (last birthday)  
**75**

IF UNDER 1 YEAR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Latner**

10b. KIND OF BUSINESS OR INDUSTRY  
**Building**

11. BIRTHPLACE (City and state or country)  
**Liberty, Missouri**

12. CITIZEN OF WHAT COUNTRY  
**USA**

13a. FATHER'S NAME

**William Lewis**

13b. MOTHER'S MAIDEN NAME

**Julia B. Barber**

14. NAME OF HUSBAND OR WIFE

**Mabel Lewis**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, or unknown) (If yes, give year or dates of service)  
**Yes WWI**

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
**VA Hospital Records.**

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**PULMONARY INSUFFICIENCY**

INTERVAL BETWEEN  
ONSET AND DEATH

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

**PULMONARY EMPHYSEMA AND ACUTE AND  
CHRONIC BRONCHITIS.**

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from **VA March 21, 1962** to **April 5, 1962**  
and last saw him alive on **1:30 PM**.  
Death occurred at **1:30 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

**M. D.**

22b. ADDRESS

**VA Hospital, KC Mo.**

22c. DATE SIGNED

**4-5-62**

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

**APR. 7, 1962**

23c. NAME OF CEMETERY OR CREMATOR

**YEATER CEMETERY**

23d. LOCATION (City, town, or county)

**OSCEOLA**

**MISSOURI**

24. FUNERAL DIRECTOR

ADDRESS

**1331 BRUSH CR.**

25. DATE RECD. BY LOCAL REG.

**4-6-62**

26. REGISTRAR'S SIGNATURE

**Ruth Long**

**D.W. NEWCOMER'S SONS KANSAS CITY, MO.**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1

20930

3

4 0

5 1

6

7 0

8 1

9527.1

10

11

1276-0

13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Indy, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.